

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

334

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| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary | | | | d. STREET ADDRESS (If rural, give location) 2632 Tudor Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Norman | | b. (Middle) Anderson | | c. (Last) Vaughn | | 4. DATE OF DEATH (Month) 1 (Day) 8 (Year) 51 | |
| 5. SEX Male | | 6. COLOR OR RACE Col. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child | | 8. DATE OF BIRTH 1/26/37 | |
| 9. AGE (In years last birthday) 13 | | IF UNDER 1 YEAR Months 13 Days | | IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy | | | | 10b. KIND OF BUSINESS OR INDUSTRY C | | 11. BIRTHPLACE (State or foreign country) East St. Louis, Ill | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | | | |
| 13a. FATHER'S NAME William D. Vaughn | | 13b. MOTHER'S MAIDEN NAME Alberta Shelby | | 14. NAME OF HUSBAND OR WIFE None | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME William Vaughn ADDRESS 2632 Tudor Ave. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 6 mos | |
| 19a. DATE OF OPERATION 8 Jan 51 | | 19b. MAJOR FINDINGS OF OPERATION T. removal of Pons | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 143X | | | |
| 22. I hereby certify that I attended the deceased from 2 Jan 51 , to 8 Jan 51 , that I last saw the deceased alive on 8 Jan 51 , and that death occurred at 2 P. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Type or Print) W. W. W. W. | | | | 23b. ADDRESS 16 Hamiltonville, Ill. | | 23c. DATE SIGNED 10 Jan 51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 1/11/51 | | 24c. NAME OF CEMETERY OR CREMATORY Booker Washington | | 24d. LOCATION (City, town, or county) (State) St. Clair County, Ill. | |
| DATE REC'D BY LOCAL REG. JAN 12 1951 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE R.M.C. Green ADDRESS 3517 Laclede | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.